

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPT. BUREAU, OR ESTABLISHMENT AND LOCATION
DEPARTMENT OF THE ARMY
 B-DET/8th FINANCE BATTALION
 FOB WARHORSE, OIF III
 APO AE 09397

DATE VOUCHER PREPARED
 23-Jan-06

SCHEDULE NO.

CONTRACT NUMBER AND DATE
 06-3/4-112

PAID BY
 B-DET FD/8th FB
 FOB Warhorse, OIF III
 APO AE 09397
 DSSN 8547

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS
[REDACTED]
Mosel City, Iraq

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCT. NUMBER

SHIPPED FROM TO WEIGHT GOVERNMENT B/L NO.

NUMBER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	
02-Dec-05	29-Jan-06	compensation for death of brother	1	6,000.00	1	\$6,000.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
TOTAL						\$6,000.00

(USE CONTINUATION SHEET IF NECESSARY) **(Payee must NOT use the space below)** **TOTAL \$6,000.00**

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR = \$ 6,000.00 [REDACTED] Foreign Claims Commissioner	EXCHANGE RATE CONTRACTING RAT =	DIFFERENCES _____ _____ _____ Amount verified; correct for \$6,000.00 (Signature or initials)
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Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

29-Jan-06 for: [REDACTED] **DISBURSING OFFICER**
(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

2162020 22-0204 P436099.22-4200 VIRQ F9203 S99999 APC: 9204 \$6,000.00

PAID BY	CHECK NUMBER CASH 800376	ON ACCOUNT OF U.S. TREASURY DATE _____	CHECK NUMBER PAYEE [REDACTED]	ON (Name of bank)
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PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c. for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

000648

DEPARTMENT OF THE ARMY
3d Heavy Brigade Combat Team
4th Infantry Division (Mechanized)
FOB Warhorse, Iraq
APO AE 09397

AFZC-FC-JA

23 January 2006

MEMORANDUM FOR RECORD

SUBJECT: Claim of [REDACTED] 06-3/4-112

1. Claimants name and address: [REDACTED] Mosel city, Iraq
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 2 Dec 05, in Al-Asshagi, Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$6,000 on 21 Jan 06.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for compensation for death of brother.
5. Facts: The claimant's brother was driving to Diyala province to deliver farm products. He was driving behind a US convoy in the Al-Asshagi area where the US convoy suddenly turned and after a while began firing at the claimant's brother. The brother died at the location of the incident.
6. Opinion: In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces. The SIGACT report confirmed occurrence of the incident and US negligence was involved.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently, this claim is approved for \$6,000.

[REDACTED]
[REDACTED]
CPT, JA
Foreign Claims Commission

000649